

ATTORNEY OR PARTY WITHOUT ATTORNEY (NAME AND ADDRESS): 	TELEPHONE NO.: 	FOR COURT USE ONLY
ATTORNEY FOR (NAME): SUPERIOR COURT OF CALIFORNIA, COUNTY OF STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:		CASE NUMBER:
GUARDIANSHIP OF (NAME): <div style="text-align: right;">Minor</div>		
LETTERS OF GUARDIANSHIP <input type="checkbox"/> Person <input type="checkbox"/> Estate		

STATE OF CALIFORNIA, COUNTY OF _____

1. (Name): _____
 is appointed guardian of the ☐ person ☐ estate
 of (name): _____

2. ☐ Other powers have been granted and conditions have been imposed as follows:
- a. ☐ powers to be exercised independently under section 2590 of the Probate Code as specified in attachment 2a (*specify powers, restrictions, conditions, and limitations*).
 - b. ☐ conditions relating to the care and custody of the property under section 2402 of the Probate Code as specified in attachment 2b.
 - c. ☐ conditions relating to the care, treatment, education, and welfare of the minor under section 2358 of the Probate Code as specified in attachment 2c.
 - d. ☐ other (*specify in attachment 2d*).

Dated:

Clerk, by _____, Deputy

☐ Number of pages attached:

SEAL

3. AFFIRMATION

I solemnly affirm that I will perform the duties of guardian according to law.

Executed on (date):

at (place):

 (Signature of appointee)

4. CERTIFICATION

I certify that this document and any attachments is a correct copy of the original on file in my office, and that the letters issued to the person appointed above have not been revoked, annulled, or set aside and are still in full force and effect.

Dated:

Clerk, by _____, Deputy

SEAL